
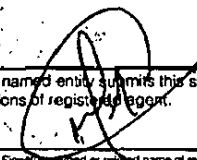
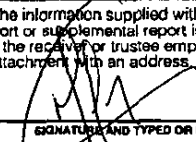


**FILED**  
**May 19, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90074 018 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P03000060106</b>			
1. Entity Name <b>M.C. MEDICAL SERVICES CORP.</b>			
Principal Place of Business <b>2450 WEST 72 STREET HIALEAH, FL 33016</b>		Mailing Address <b>2450 WEST 72 STREET HIALEAH, FL 33016</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>83-0359731</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CABRERA, MIGUEL A 2450 WEST 72 STREET HIALEAH, FL 33016</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.			
SIGNATURE 		DATE <b>04/20/04</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS CABRERA, MIGUEL A 2450 WEST 72 STREET HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CABRERA, MIGUEL A 2450 WEST 72 STREET HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: 		Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			